



Allied Health • Therapies

August 2005 • Bulletin 358

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Frequency Limits Updated for DME Codes

Retroactive to dates of service on or after November 1, 2004, frequency limits for the following Durable Medical Equipment (DME) wheelchair accessory HCPCS codes are updated:

HCPCS Code	Description	Frequency Limit
E0956	Lateral trunk or hip support, prefabricated, including fixed mounting hardware, each	4 in 12 months
E1010	Addition to power seating system, power leg elevation system, including leg rest, each	2 in 3 years
K0104	Cylinder tank carrier, each	2 in 12 months

Claims for dates of service on or after November 1, 2004 that were denied for exceeding the frequency limitations for these codes will be automatically reprocessed.

The updated frequency limits are reflected on manual replacement pages [dura cd fre 2 and 3](#) (Part 2).

Rate Adjustment for Speech Generating Devices

Effective for dates of service on or after July 30, 2005, the reimbursement rates for Speech Generating Devices (SGD) HCPCS codes E2500 – E2510 have been adjusted as follows:

HCPCS Code	Description	Rental Rate	Purchase Price
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	\$ 39.11	\$ 391.06
E2502	greater than 8 minutes but less than or equal to 20 minutes recording time	115.59	1,195.80
E2504	greater than 20 minutes but less than or equal to 40 minutes recording time	157.76	1,577.42
E2506	greater than 40 minutes recording time	231.29	2,312.96
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with device	357.67	3,576.61
E2510	permitting multiple methods of message formulation and multiple methods of device access	676.82	6,768.25

Please see SGD Rates, page 2

SGD Rates (*continued*)

HCPCS codes E1902 (communication board, non-electronic augmentative or alternative communication device), E2511 (speech generating software program, for personal computer or personal digital assistant), E2512 (accessory for speech generating device, mounting system) and E2599 (accessory for speech generating device, not otherwise classified) will continue to be reimbursed “By Report.”

The updated information is reflected on manual replacement pages dura cd 21 (Part 2) and speech cd 1 (Part 2).

**November 2005 Code Conversions**

Effective for dates of service on or after November 1, 2005, providers billing for respiratory care services, hearing aids or select procedures in combination with specific modifiers (-YQ, -YS, -ZK, -ZU and -ZV) must follow new billing instructions. Details of these billing changes will be published in a future *Medi-Cal Update*. A Comment Forum about the proposed billing modifier changes will be held from September 1 through September 30, 2005.

‘CGP’ Provider Numbers Deactivated

In May 2005, the Children’s Medical Services Branch notified hospital administrators and billing managers that on September 1, 2005, “CGP” prefixed Inpatient provider numbers would be deactivated. With this change, claims for inpatient hospital services rendered to all California Children’s Services (CCS) and Genetically Handicapped Persons Program (GHPP) clients (including those who are not Medi-Cal eligible), for dates of service on or after September 1, 2005, must be submitted with appropriate Medi-Cal provider numbers.

New CCS Pharmacy SAR Requirements

The following updates are made to drugs and products for which pharmacists must submit a Service Authorization Request (SAR).

Separate SAR Required

Effective for dates of service on or after September 1, 2005, the following drugs and products require a separate SAR:

- Infant formulas
- Dietary supplements
- Food oils
- Nutritional therapy, special formulations

Blood factor products require separate SARs. Factor IX (heat treated), billed with code J7194, is a benefit retroactive to dates of service on or after July 1, 2004. The descriptor for J7193 was changed to read “Factor IX (non-recombinant).”

No Separate SAR Required

Epoetin alfa and levocarnitine no longer require a separate SAR for reimbursement.

This information is reflected on manual replacement page cal child sar 6 (Part 2).

CCS Program Service Code Groupings Update

Effective retroactively to dates of service on or after July 1, 2004, numerous codes have been added to California Children’s Services (CCS) Service Code Groupings (SCGs) 01 and 05. New codes appear in bold and underlined type in the *California Children’s Services (CCS) Program Service Code Groupings* manual section.

This information is reflected on manual replacement pages cal child ser 3, 5, 6, 11 and 17 (Part 2).

**Inpatient Provider Cut-off Date for Proprietary and Non-HIPAA Standard Electronic Claims Formats: December 1, 2005**

In accordance with efforts to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal has established a plan to discontinue acceptance of proprietary and non-HIPAA standard electronic formats for electronic claims transactions. The first provider community to be affected is the Inpatient provider community.

Beginning **December 1, 2005**, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.

Providers may call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

Cut-off dates for non-HIPAA standard claim formats for all other provider communities will be announced in upcoming *Medi-Cal Updates*.

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Remove and replace: cal child sar 5/6
cal child ser 1 thru 6, 11/12, 17/18
dura cd 21/22
dura cd fre 1 thru 4
speech cd 1/2
tar comp 5/6 *

* Pages updated due to ongoing provider manual revisions.